



4141 Douglas Drive North
Crystal, MN 55422
Phone: (763) 531-1000
Fax: (763) 531-1188
Website: www.crystalmn.gov



Application for Mechanical/Gas Permit

Date _____ Permit No. _____ Rec'd By/Date _____

Site Address	
Tenant/Bldg Name	

Applicant: Owner _____ Contractor _____

Property Owner	Name/Company _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____
	Contact Person (Print) _____ Phone No. _____
	Address _____
	City _____ State _____ Zip _____

Work Type:	<input type="checkbox"/> - New <input type="checkbox"/> - Alteration <input type="checkbox"/> - Repair <input type="checkbox"/> - Remove/Install			
Mechanical Permit/ System Type:	<input type="checkbox"/> - Non-Residential Air Conditioning (Qty ____)	<input type="checkbox"/> - Garage Heater		
	<input type="checkbox"/> - Non-Residential Furnace/Warm Air (Qty ____)	<input type="checkbox"/> - Range		
	<input type="checkbox"/> - Gas Fireplace Installation	<input type="checkbox"/> - New Home/New Addn Mechanical Installation		
	<input type="checkbox"/> - Refrigeration (Qty ____)	<input type="checkbox"/> - Clothes Dryer	<input type="checkbox"/> - Residential A/C	
	<input type="checkbox"/> - Duct Work	<input type="checkbox"/> - Grill	<input type="checkbox"/> - Residential Furnace/Warm Air	
	<input type="checkbox"/> - Roof Top Unit	<input type="checkbox"/> - Chimney	<input type="checkbox"/> - Residential A/C & Furnace/Warm Air	
	<input type="checkbox"/> - Hot Water Boiler	<input type="checkbox"/> - Ventilation	<input type="checkbox"/> - Gas Piping	
	<input type="checkbox"/> - Steam Boiler	Openings _____ Size _____		
	Office Use Required Insp/Test	<input type="checkbox"/> - Rough In <input type="checkbox"/> - Gas Piping <input type="checkbox"/> - Energy Efficiency <input type="checkbox"/> - Final <input type="checkbox"/> - Special		

* * * (Over) * * *

Description of Heating Plant

Hot Water _____	Steam _____	Warm Air _____
Trade Name _____		Size Number _____
Manufacturer _____		
Input BTU _____	Output BTU _____	Kind of Fuel _____
Total Connected Load _____ BTU		Number of Zones _____
Water Temp. Design _____ Degrees		Radiation BTU per linear ft. _____
Circulating Pump furnished by mfg.? Yes _____ No _____ If no, give Size _____		
<u>Air Conditioning System</u> : Summer _____ Winter _____ All Year _____ Capacity in tons _____		
Make and Model Number _____		
Description: Gas Operated _____ Elec. Operated _____ Air Cooled _____ Water Cooled _____		

Estimated Value of Work \$ _____

Office Use Only	
Permit Fee	\$ _____
State Surcharge	\$ _____
 Total Permit Fee	 \$ _____

Description of Work

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

The undersigned hereby certifies upon all of the penalties of the law, for the purpose of including the City of Crystal to take the action herein requested, that all statements on this application have been read and examined and are true and correct, and that all work whether specified herein or not will be done in accordance with the ordinances of the City of Crystal and the laws of the State of Minnesota.

Applicant (Print Name)

_____/_____
Applicant's Signature/Date

FOR HOMEOWNERS DOING THEIR OWN MECHANICAL WORK: I certify that I am the owner and occupant of this subject property and I or a member of my immediate family will perform the herein-described work and I will take full responsibility for the work being done.

Section 400.13

Signature of Homeowner

Permit Approved By:

Date Approved: